



Attorney Docket No. 1600.24

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventors: Roch, et al.

Application No.: 10/776,013

Filed: February 9, 2004

For: COMPOSITIONS AND METHODS FOR
TREATING NEUROLOGICAL DISORDERS
AND DISEASES

Group Art Unit: 1649

Examiner: O. N. Chernyshev

CERTIFICATE OF EXPRESS MAIL

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Date of Deposit: January 20, 2006

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Stacey L. Stamper
Stacey L. Stamper

1/20/06
Date

**RESPONSE TO RESTRICTION REQUIREMENT
AND
PRELIMINARY AMENDMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following amendments and remarks are filed in response to the Examiner's Restriction Requirement mailed December 20, 2005.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.



1-23-06

JFW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/776,013
		Filing Date	February 9, 2004
		First Named Inventor	Jean-Marc Roch
		Art Unit	1649
		Examiner Name	O. Chernyshev
Total Number of Pages in This Submission	9	Attorney Docket Number	1600.24

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Company Name	Myriad Genetics, Inc.		
Signature			
Printed name	Herbert L. Ley III, Ph.D.		
Date	January 20, 2006	Reg. No.	53,215

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Typed or printed name	Stacey L. Stamper		
Signature		Date	January 20, 2006